	ATION FOR UTILITY OF		PU4962USw
APPLICATION WITH	POWER OF ATTORNEY		First Names Inventor: Kazmierski
•	•		Complete if known:
			App No.:
() Declaration submitted with initial fil	ling or		
() Declaration submitted after initial fi	Filing Date		
			Group Art Unit:
As below named i	nventor. I hereby declare that:	-	
My residence, post office a	ddress and citizenship are as stated belo	ow next to my name.	
I believe I am the original, (if plural names are listed be entitled:	first and sole inventor (if only one nam below) of the subject matter which is cla	e is listed below) or an original, nimed and for which a patent is s	first and joint inventor ought on the invention
chilica.	CCR5 ANTAGONISTS AS TH	ERAPEUTIC AGENTS	
the specification of which ((check only one item below):		
[]is attached hereto. OR			
	as United States application Se	erial No or PCT	International
	/US03/39644 filed Dec. 12, 2003 and pplicable)	was amended on (MM/DD/YYY	YY)
	eviewed and understand the contents of ment specifically referred to above.	the above-identified specification	n, including the claims,
as amended by any uniones	ment specifically referred to do ve.		
I acknowledge the duty to	disclose information which is material	to patentability as defined in 37 (CFR §1.56.
inventor's certificate or 365(a) of an States of America, listed below and	fits under 35 U.S.C. §119 (a)-(d) or §30 by PCT international application which have also identified below, by checking a filing date before the state of the sta	designated at least one country of the box, any foreign application	other than the United on for patent or inventor's
	RIORITY CLAIMS UNDER 35 U.S.		
Prior Foreign Application	Country	Foreign Filing Date	PRIORITY
Number (s)		(MM/DD/YYYY))	CLAIMED
2.			
3.			
4.			
5.		 	
	tle 35, United States Code §119(e) of an	y United States provisional app	lication(s) listed below:
Application No.		te (MM/DD/YYYY)	Tourismon include outside.
1. 60/433,634		12/13/2002	
2.		12,12,12,002	+
3.			

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUMBER
PU4962USW

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR	U.S. PARENT A	APPLICATION or PCT PARENT A	PPLICATION		
				STATUS (Check of	ne)
U.S. Parent Application or PCT Parent Number		PCT Parent Parent Filing D (MM/DD/YYY		PENDING	ABANDONED
POWER	OF ATTORNEY	: As a named inventor. I hereby appoint the	ne practitioners associated with the	Customer Numbers	provided below to
prosecute	e this application an	nd to transact all business in the Patent and	Trademark Office connected there	with	
		d Customer Number 20462	20015	Direct Telephone Ca	Us to:
Address		ce-and-telephone-calls to Customer Ni	umber <u>23347</u>	Direct Telephone Ca	115 to.
	David J. Levy	I Post a series		Bonnie L.	Deppenbrock
	Corporate Intellect GlaxoSmithKline	ual Property		919-4	183-1577
	Five Moore Drive,	PO Box 13398			
	Research Triangle	Park, NC 27709-3398		<u> </u>	
I hereby	declare that all s	tatements made herein of my own know	wledge are true and that all state	ements made on inf	formation and
belief a	re believed to be t	rue; and further that these statements v	vere made with the knowledge	that willful false sta	itements and the
		ole by fine or imprisonment, or both, u			
		the application or any patent issuing th			
-	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	INITIAL
2 🖍	OF INVENTOR	KAZMIERSKI , /	Wieslaw	Mieczyslaw	
150	INVENTOR'S	Signature		Date: The 11	5,2004
	SIGNATURE	West My	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZEN	
0	RESIDENCE & CITIZENSHIP	Durham	NC A (US	Sitti
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/CO	
1	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina	27709, US
		Five Moore Drive, PO Box 13398			
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	/INITIAL
200	OF INVENTOR	AQUINO	Chrisopher	Joseph Date:	
	INVENTOR'S SIGNATURE	Signature	(/		2004
1 0	RESIDENCE &	Chry Chry	STATE OR FOREIGN COUNTRY	2 · 16 ·	SHIP
	CITIZENSHIP	Durham 0	NC NO	US	
	POST OFFICE	-POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/CO	
2	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina	27709, US
		Five Moore Drive, PO Box 13398		CECOND CHICAGO	MANTELLY
1,00	FULL NAME OF INVENTOR	FAMILY NAME BIEULEO	FIRST GIVEN NAME Neil	SECOND GIVEN NAME	JUNI HAL
B/W)	INVENTOR'S	Signature 7	1101	Date:	
1	SIGNATURE	11/11/1-1		2/1/2	104
0	RESIDENCE &	CITY	STATE ORIFORKIGN COUNTRY	COUNTRY OF CITIZE	NSHIP/
	CITIZENSHIP	<u>Durham</u>	110	US	
1	POST OFFICE	POST OFFICE ADDRESS GlaxoSmithKline	CITY Research Triangle Park	STATE & ZIP CODE/CO North Carolina	
3	ADDRESS		Research Triangle Park	North Caronna	1 41 107, US
İ	1	Five Moore Drive, PO Box 13398	1	1	

	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
المحالا	OF INVENTOR	BOROS	Eric_	Eugene
7 -	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY NC NC	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham		US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
0	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
100	OF INVENTOR	CHAUDER	Brian	Andrew
1	INVENTOR'S	Signature		Date:
1 , 1	SIGNATURE	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
0	RESIDENCE & CITIZENSHIP	Durham	NC NC	CA
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
5	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
	Nobleco	Five Moore Drive, PO Box 13398	g	,
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
150	OF INVENTOR	CHONG	Pek.	Yoke
1100	INVENTOR'S	Signature		Date
Y !	SIGNATURE	Signature Chryfolin CITY		2/16/64
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham_	NC NC	MY
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
6	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
1		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
\ \(\gamma^2\)	OF INVENTOR	DUAN	Maosheng	
100	INVENTOR'S	Signature Claush K		Date: 2/16/2004
	SIGNATURE	1 7 -		Q1101000 q
0	RESIDENCE &	CITY Durham	STATE OR FOREIGN COUNTRY NC ACC	COUNTRY OF CITIZENSHIP /
	CITIZENSHIP	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
7	POST OFFICE ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
1 ′	ADDRESS	Five Moore Drive, PO Box 13398	Triangle Lark	1101111 Curoniu 21703, Co
	EUL I NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
1.5	FULL NAME OF INVENTOR	DEANDA, Jr.	Felix	SECOND GIVEN NAMESHATIAL
N CO	INVENTOR'S	Signature	le Comment	Date:
Ψ	SIGNATURE	Signature		240
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	STATE OR FOREIGN COUNTRY NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
8	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
A	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
M JW	OF INVENTOR	KOBLE	Cecilia	Suarez
4/0	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP VE
	CITIZENSHIP	Durham POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
9	POST OFFICE ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
7	ADDRESS	Five Moore Drive, PO Box 13398	and a strong to such	
 	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
7/07	OF INVENTOR	MCLEAN	Ed_	Williams_
/() <u> </u>	INVENTOR'S	Signature		Date:
17	SIGNATURE	Signature Stc. M. M	.4	2/16/2004
1	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	<u>Durham</u>	NC 1)C	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
0	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
				

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2	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
الاكديان	OF INVENTOR	PECKHAM	Jennifer	Poole
	INVENTOR'S	Signature Dynnife P Pec	a la	Date:
T I	SIGNATURE			21604
1	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham.	NC NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
1	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2,00	OF INVENTOR	PERKINS	Angilique	<u>C</u>
1200	INVENTOR'S	Signature	A	Date:
! /	SIGNATURE	Strgilique C. Lei	bu-	1 2116/04
i	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Du <u>rham</u> $^{\circ}$ $^{\prime}$	NC NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398	_	
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
1220	OF INVENTOR	THOMPSON	<u>James</u>	Benjamin.
10.	INVENTOR'S	Signature		Date:
	SIGNATURE			
1	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Dur <u>ham</u>	NC NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2.0	OF INVENTOR	VANDERWALL	D <u>ana</u>	
	INVENTOR'S	Signature		Date:
114	SIGNATURE			
' ' ı	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC AC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
				

COMBINED DECLAR	ATTORNEY'S DOCKET PU4962USw			
APPLICATION WITH	I POWER (OF ATTORNEY		First Names Inventor:
				Kazmierski Complete if known:
				App No.:
() Declaration submitted with initial	filing or			
() Declaration submitted after initial	Filing Date			
				Group Art Unit:
As below named	l inventor. I here	by declare that:		
My residence, post office	address and citiz	enship are as stated belo	ow next to my name.	
	l below) of the sul	bject matter which is cla	e is listed below) or an original, fi imed and for which a patent is so	
the specification of which			ERAPEUTIC AGENTS	
[]is attached hereto. OR				·
. [x] was filed on	as Unit	ted States application Se	rial No or PCT In	nternational
	T/US03/39644 f	iled <u>Dec. 12, 2003</u> and	was amended on (MM/DD/YYY	Y)
I hereby state that I have as amended by any amended			he above-identified specification	, including the claims,
I acknowledge the duty to	o disclose informa	ation which is material to	patentability as defined in 37 CI	FR §1.56.
I hereby claim foreign priority ben inventor's certificate or 365(a) of a States of America, listed below an certificate or of any PCT internation PRIOR FOREIGN AND ANY P	any PCT internation of the second in the sec	onal application which d ified below, by checking laving a filing date befor	lesignated at least one country of the box, any foreign application e that of the application on which	ner than the United for patent or inventor's
Prior Foreign Application		Country	Foreign Filing Date	PRIORITY
Number (s)			(MM/DD/YYYY))	CLAIMED
1.				
2. 3.				
4.				
5.				
I hereby claim the benefit under T	itle 35, United Sta	ates Code §119(e) of any	y United States provisional applic	ation(s) listed below:
Application No.		Filing Date	(MM/DD/YYYY)	
1. 60/433,634		12	2/13/2002	
2.				

COMBINED DECLARATION FOR UTILITY or DESIGN
PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET	NUMBER
PU4962USw	

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PCT international filing date of this applica	ation:			
PRIOR U.S. PARENT APPLICATION of	r PCT PARENT APPLICAT	ION		
			STATUS (Check	one)
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED
POWER OF ATTORNEY: As a named inven				provided below to
prosecute this application and to transact all bus Customer Number 23347 and Customer Number		Iffice connected therev	vitn	
Address all correspondence and telephone of	alls to Customer Number 233	347	Direct Telephone Ca	alls to:
David J. Levy Corporate Intellectual Property GlaxoSmithKline Five Moore Drive, PO Box 13398		_	i e	Deppenbrock 483-1577
Research Triangle Park, NC 27709-339	8			

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	KAZMIERSKI	Wieslaw	Mieczyslaw
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
1	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
1	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	AQUINO	Chrisopher	Joseph
	INVENTOR'S	Signature		Date:
1	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
Ì	CITIZENSHIP	Durham	NC	US
-	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		l
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	BIFULCO	Neil	
	INVENTOR'S	Signature	- ·	Date:
	SIGNATURE			
0	RESIDENCE &	СПУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	_ CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		

	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	BOROS	Eric	Eugene
1 4		<u> </u>	()	
	· INVENTOR'S SIGNATURE	signature C i C 110.14	1500	Date; 2/16/04
0	RESIDENCE &	Signature Cir Cuyuu	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
1	CITIZENSHIP	Durham	NC	US
1	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
1	1 Nobiceos	Five Moore Drive, PO Box 13398	Trooparen Francisco Fark	Troitin Caronna 27705, CS
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	CHAUDER	Brian	Andrew
1 2	INVENTOR'S	Signature	Dilan	Date:
	SIGNATURE	Signature		Date:
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
"	CITIZENSHIP	Durham	NC	CA
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
5	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
	1.55.200	Five Moore Drive, PO Box 13398	g mingro - min	1.000.000.000.000
-	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	CHONG	Pek	Yoke
~	INVENTOR'S	Signature	1	Date:
	SIGNATURE			
0	RESIDENCE &	спу	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
1	CITIZENSHIP	Durham	NC	MY
	POST OFFICE	POST OFFICE ADDRESS	стту	STATE & ZIP CODE/COUNTRY
6	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
	!	Five Moore Drive, PO Box 13398	, and the second	
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	DUAN	Maosheng	
	INVENTOR'S	Signature	8	Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	CN
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
7	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398	_	
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	DEANDA, Jr.	Felix	
	INVENTOR'S	Signature		Date:
	SIGNATURE	100		
0	RESIDENCE &	СІТҮ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
1	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
8	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	KOBLE	Cecilia	Suarez
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham POST OFFICE ADDRESS	NC	VE
	POST OFFICE		CITY Decemble Triangle Pauls	STATE & ZIP CODE/COUNTRY
9	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
<u></u>		Five Moore Drive, PO Box 13398		
_ ·	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	MCLEAN	Ed	Williams
	INVENTOR'S	Signature		Date:
1 .	SIGNATURE	CITY	L CTATE OF FOREIGN CONTENT	COUNTRY OF CITIZENCING
1	RESIDENCE & CITIZENSHIP	Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
0	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
1	1.0010.033	Five Moore Drive, PO Box 13398	research triangle talk	1.01 til Carollila 27707, US
	<u> </u>	LAVE MIDDLE DITVE, I O DUX 13398	L	

2	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
_	OF INVENTOR	PECKHAM	Jennifer	Poole
	INVENTOR'S	Signature		Date:
	SIGNATURE		••	
1	RESIDENCE &	СПУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
1	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398	-	
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	PERKINS	Angilique	C
	INVENTOR'S	Signature		Date:
	SIGNATURE			
1	RESIDENCE &	СПУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	THOMPSON	James	Benjamin
	INVENTOR'S	Signature		Date:
	SIGNATURE			
1	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline .	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	VANDERWALL	Dana	
	INVENTOR'S	Signature		Date:
	SIGNATURE	1 bust 1/m des	walt	3/3//05
1	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		

COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY ATTO PU49 First N					
				Kazmierski	
				Complete if known: App No.:	
() Declaration submitted with initial	filing or			7.pp 1.o	
() Declaration submitted after initial	filing (surcharge re	couired 37CFR L16(e))		Filing Date	
() Doordanion scondinos anos miniar	riing (suronuige re	quired 37 of terrio(e))			
				Group Art Unit:	
As below named	inventor. I herel	by declare that:			
My residence, post office	address and citiz	enship are as stated belo	w next to my name.		
	below) of the sub	oject matter which is clai	is listed below) or an original imed and for which a patent is		
the specification of which			CRAPEUTIC AGENTS		
[]is attached hereto. OR					
	as Unit	ed States application Ser	rial No or PCT	`International	
	Г/US03/39644 fi applicable)	led Dec. 12, 2003 and v	was amended on (MM/DD/YY	YY)	
I hereby state that I have as amended by any amended			he above-identified specificati	on, including the claims,	
I acknowledge the duty to	disclose informa	tion which is material to	patentability as defined in 37	CFR §1.56.	
I hereby claim foreign priority ben inventor's certificate or 365(a) of a States of America, listed below and certificate or of any PCT internation	ny PCT internation I have also identi	onal application which d fied below, by checking	esignated at least one country the box, any foreign application	other than the United on for patent or inventor's	
PRIOR FOREIGN AND ANY P				ien priority is claimed.	
Prior Foreign Application Number (s)	(Country	Foreign Filing Date (MM/DD/YYYY))		
1. 2.					
3.					
4.					
5.					
I hereby claim the benefit under Ti	tle 35, United Sta	ates Code §119(e) of any	United States provisional app	olication(s) listed below:	
Application No.		Filing Date	(MM/DD/YYYY)		
1. 60/433,634		12	2/13/2002		
2.	_				

COMBINED DECLARATION FOR UTILITY or DESIGN	
PATENT APPLICATION WITH POWER OF ATTORNEY Cont	inued

ATTORNEY'S DO	CKET NUMI	ΒE
PU4962US	Sw	

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION STATUS (Check one)				
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED

POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith Customer Number **23347** and Customer Number **20462**

Address all correspondence and telephone calls to Customer Number 23347

David J. Levy

Corporate Intellectual Property

GlaxoSmithKline

Five Moore Drive, PO Box 13398

Research Triangle Park, NC 27709-3398

Direct Telephone Calls to:

Bonnie L. Deppenbrock 919-483-1577

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	KAZMIERSKI	Wieslaw	Mieczysław
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
l	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398	_	
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	AQUINO	Chrisopher	Joseph
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
1	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		<u></u>
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	BIFULCO	Neil	
1	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		

	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	BOROS	Eric	Eugene
- .	INVENTOR'S	Signature		Date:
	SIGNATURE	•	·	1
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	CHAUDER	Brian	Andrew
	INVENTOR'S	Signature FM & A Man	•	Date: 2-16-04.
0	SIGNATURE RESIDENCE &	CITY M. A. A. Wh.	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
U	CITIZENSHIP	Durham	NC	CA
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
5	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398	8	· ·
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	CHONG	Pek	Yoke
	INVENTOR'S	Signature	-	Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	MY
,	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
6	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
2	FULL NAME	FAMILY NAME DUAN	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	4	Maosheng	
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
U	CITIZENSHIP	Durham	NC	CN
	POST OFFICE	POST OFFICE ADDRESS	СПУ	STATE & ZIP CODE/COUNTRY
7	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	DEANDA, Jr.	Felix	
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
0	POST OFFICE	POST OFFICE ADDRESS GlaxoSmithKline	CITY Descends Triangle Bank	STATE & ZIP CODE/COUNTRY
8	ADDRESS		Research Triangle Park	North Carolina 27709, US
	FULL MANGE	Five Moore Drive, PO Box 13398 FAMILY NAME	FIRST GIVEN NAME	
2	FULL NAME OF INVENTOR	KOBLE	Cecilia	SECOND GIVEN NAME/INITIAL Suarez
2	INVENTOR'S	Signature	Cecilia	Date:
	SIGNATURE	Signature		Date:
0	RESIDENCE &	СІТУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
v	CITIZENSHIP	Durham	NC	VE
	POST OFFICE	POST OFFICE ADDRESS	СПУ	STATE & ZIP CODE/COUNTRY
9	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		,
*	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	MCLEAN	Ed	Williams
	INVENTOR'S	Signature		Date:
	SIGNATURE			
l	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	* VIIIDECC	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
0	ADDRESS	Five Moore Drive, PO Box 13398	l and a second a second	1.0.0.

2	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	OF INVENTOR	PECKHAM	Jennifer	Poole
	INVENTOR'S	Signature		Date:
	SIGNATURE	Jiguaturt		
1	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
,	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
l 1	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398	ű	, i
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	PERKINS	Angilique	c
	INVENTOR'S	Signature		Date:
	SIGNATURE			
1	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	THOMPSON	James	Benjamin
	INVENTOR'S	Signature		Date:
	SIGNATURE	4011m		COUNTRY OF CITIZENSHIP
1	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	VANDERWALL	Dana	
	INVENTOR'S	Signature		Date: .
	SIGNATURE			
1	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
V = 2 = 3 =	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
	<u> </u>	Five Moore Drive, PO Box 13398		

COMBINED DECLARA	ATTORNEY'S DOCKET PU4962USw				
APPLICATION WITH	APPLICATION WITH POWER OF ATTORNEY				
				Complete if known:	
() Declaration automitted uniab initial fil	1:			App No.:	
() Declaration submitted with initial file	ling or				
() Declaration submitted after initial fi	Filing Date				
				Group Art Unit:	
As below named in	nventor. I herel	by declare that:			
My residence, post office a	ddress and citiz	enship are as stated belo	w next to my name.		
	elow) of the sub	oject matter which is cla	e is listed below) or an original, fi		
the specification of which (ERAPEUTIC AGENTS		
[]is attached hereto. OR					
[x] was filed on	as Unit	ed States application Se	rial No or PCT I	nternational	
	/US03/39644 fi pplicable)	iled <u>Dec. 12, 2003</u> and	was amended on (MM/DD/YYY	Y)	
I hereby state that I have re as amended by any amendn			he above-identified specification	, including the claims,	
I acknowledge the duty to d	disclose informa	ation which is material to	patentability as defined in 37 Cl	FR §1.56.	
I hereby claim foreign priority benefinventor's certificate or 365(a) of an States of America, listed below and certificate or of any PCT internation	y PCT internation have also identinal application h	onal application which d fied below, by checking aving a filing date befor	esignated at least one country of the box, any foreign application e that of the application on which	ner than the United for patent or inventor's	
PRIOR FOREIGN AND ANY PR				PDIODITY	
Prior Foreign Application Number (s)	C	Country	Foreign Filing Date (MM/DD/YYYY))	PRIORITY CLAIMED	
1.			(1111222/1111))	03.11.135	
2.					
3.					
4.					
5.	- 25 IL-1-1 O	-4 C-1- (110(·) · C			
I hereby claim the benefit under Titl	e 35, United Sta			cation(s) listed below:	
Application No. 1. 60/433,634			(MM/DD/YYYY) 2/13/2002		
2.			GI I JI LUUL		

COMPIN	ED DECLA	RATIONF	OK UTILITY	Or DESIGN	
PATENT	APPLICAT	ION WITH	POWER OF	ATTORNEY	Continued

ATTORNEY'S DOCKET NUMBER

PU4962USw

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States

or PCT International application in the is material to patentability as defined in PCT international filing date of this app	manner provided by the first a 37 C.F.R. §1.56 which bec		cknowledge the duty to di	sclose information which
PRIOR U.S. PARENT APPLICATION	N or PCT PARENT A	PPLICATION		
			STATUS (Chec	k one)
U.S. Parent Application or PCT Parent Number	Parent Filing D (MM/DD/YY)	1	D PENDING	ABANDONED
			-	
POWER OF ATTORNEY: As a named inv prosecute this application and to transact all b Customer Number 23347 and Customer Num	ousiness in the Patent and			s provided below to
Address all correspondence and telephon	e calls to Customer N	umber 23347	Direct Telephone	Calls to:
David J. Levy Corporate Intellectual Property GlaxoSmithKline Five Moore Drive, PO Box 13398 Research Triangle Park, NC 27709-3398				
I hereby declare that all statements made are believed to be true; and further that the made are punishable by fine or imprison the validity of the application or any pate	herein of my own knownese statements were ment, or both, under 18	ade with the knowledge tha U.S.C. 1001, and that such	t willful false stateme willful false stateme	ents and the like so nts may jeopardize
FULL NAME FAMILY NAME		FIRST GIVEN NAME	SECOND GIVEN NAM	ME/INITIAL

	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	KAZMIERSKI	Wieslaw	Mieczyslaw
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
1	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
1		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	AQUINO	Chrisopher	Joseph
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
ŀ	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	BIFULCO	Neil	
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	СПУ	STATE & ZIP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		

	CHILI MAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	FULL NAME OF INVENTOR	BOROS	Eric	Eugene
'	INVENTOR'S	Signature	Z. K.	Date:
-	SIGNATURE			
0	RESIDENCE &	СПУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
	_	Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	CHAUDER	Brian	Andrew
3	INVENTOR'S	Signature		Date:
	SIGNATURE	СПУ	STATE OF FOREIGN COUNTRY	COUNTRY OF CITIZENCIAN
0	RESIDENCE & CITIZENSHIP	Durham	STATE OR FOREIGN COUNTRY NC	CA COUNTRY OF CITIZENSHIP
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
5	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
	1 TIDBICESS	Five Moore Drive, PO Box 13398		1.01.01
-	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	CHONG	Pek	Yoke
1 -	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	MY
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
6	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
l	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	DUAN	Maosheng	
1	INVENTOR'S	Signature .		Date:
	SIGNATURE	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
0	RESIDENCE & CITIZENSHIP	Durham	NC	CN
	POST OFFICE	POST OFFICE ADDRESS	CITY .	STATE & ZIP CODE/COUNTRY
7	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
	1.001.000	Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	DEANDA, Jr.	Felix	
	INVENTOR'S	Signature	<u> </u>	Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
1	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
8	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
<u></u>	ļ	Five Moore Drive, PO Box 13398		
1 .	FULL NAME	FAMILY NAME KOBLE	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR		Cecilia	Suarez
1	INVENTOR'S	Signature Carlos Worth		Date:
0	SIGNATURE RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
"	CITIZENSHIP	Durham	NC	VE
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
9	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398]	
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	MCLEAN	Ed	Williams
	INVENTOR'S	Signature		Date:
-	SIGNATURE			
1	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
]	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
0	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
ļ	.l	Five Moore Drive, PO Box 13398	1	1

2	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
1 -	OF INVENTOR	PECKHAM	Jennifer	Poole
1	INVENTOR'S	Signature		Date:
1	SIGNATURE			
1 1	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
1	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398	_	
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	PERKINS	Angilique	C
	INVENTOR'S	Signature		Date:
	SIGNATURE			
1	RESIDENCE &	СПУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	THOMPSON	James	Benjamin
1	INVENTOR'S	Signature	· -	Date:
1	SIGNATURE			
1	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline .	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	VANDERWALL	Dana	
	INVENTOR'S	Signature		Date:
	SIGNATURE			
1	RESIDENCE &	СІТУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
1	POST OFFICE	POST OFFICE ADDRESS	спу	STATE & ZIP CODE/COUNTRY
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
L		Five Moore Drive, PO Box 13398		

COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT				ATTORNEY'S DOCKET PU4962USw	
APPLICATION WITH POWER OF ATTORNEY			First Names Inventor:		
	•	•		Kazmierski Complete	e if known:
				App No.:	
() Declaration submitted with initial filing	g or			1	
() Deslaration submitted after initial filing	r (curabarga ra	equired 37CFP1 16(e))		Filing Da	te
() Declaration sublituted after initial initial) Declaration submitted after initial filing (surcharge required 37CFR1.16(e)) Filing Date				
	Group Art Unit			rt Unit:	
As below named inventor. I hereby declare that:					
My residence, post office add	ress and citiz	enship are as stated belo	w next to my name.		
	I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention				
			ERAPEUTIC AGENTS		
the specification of which (che	eck only one	item below):			
[]is attached hereto. OR					
[x] was filed on	as Unit	ed States application Se	rial No or PCT I	nternationa	1
Application Number PCT/US03/39644 filed Dec. 12, 2003 and was amended on (MM/DD/YYYY) (if applicable)					
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.				the claims,	
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.					
I hereby claim foreign priority benefits	under 35 U.	S.C. §119 (a)-(d) or §36	5(b) of any foreign applications(s) for paten	t or
inventor's certificate or 365(a) of any F	CT internation	onal application which d	lesignated at least one country otl	her than the	United
States of America, listed below and ha					
certificate or of any PCT international PRIOR FOREIGN AND ANY PRIOR				i priority is	ciaimed:
Prior Foreign Application	,	Country	Foreign Filing Date		PRIORITY
Number (s)	(MM/DD/YYYY)			CLAIMED	
1.					
2.					
3.	=				
5.					
I hereby claim the benefit under Title 3	5. United St	ates Code §119(e) of an	y United States provisional applie	cation(s) lis	sted below:
Application No.			(MM/DD/YYYY)	(-)	
1. 60/433,634		12/13/2002			
2.					

COMBINED DECLARATION FOR UTILITY or DESIGN
PATENT APPLICATION WITH POWER OF ATTORNEY Continued

Five Moore Drive, PO Box 13398

Five Moore Drive, PO Box 13398

FAMILY NAME

BIFULCO

POST OFFICE ADDRESS

GlaxoSmithKline

Signature

CITY Durham

FULL NAME

OF INVENTOR

INVENTOR'S SIGNATURE

RESIDENCE &

CITIZENSHIP

POST OFFICE

ADDRESS

2

0

3

ATTORNEY'S DOCKET NUMBER PU4962USw

SECOND GIVEN NAME/INITIAL

COUNTRY OF CITIZENSHIP

STATE & ZIP CODE/COUNTRY

North Carolina 27709, US

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United

	or PCT International is material to patent	l application in the manner provided by the first ability as defined in 37 C.F.R. §1.56 which becling date of this application:	paragraph of 35 U.S.C. §112, I acknowledge	owledge the duty to disclo	se information which	
PRIOR	U.S. PARENT	APPLICATION or PCT PARENT A	PPLICATION			
				STATUS (Check o	ne)	
U.S. Parent Application or PCT Parent Number		PCT Parent Parent Filing I (MM/DD/YY)		PENDING ABANDONED		
_						
prosecut	e this application ar	: As a named inventor, I hereby appoint the dot transact all business in the Patent and d Customer Number 20462		ewith		
					Felephone Calls to: Bonnie L. Deppenbrock 919-483-1577	
are beli made a	y declare that all s eved to be true; ar re punishable by f	Park, NC 27709-3398 tatements made herein of my own known of further that these statements were made or imprisonment, or both, under 18 tion or any patent issuing thereon.	ade with the knowledge that w	illful false statement	s and the like so	
2	FULL NAME OF INVENTOR	FAMILY NAME KAZMIERSKI	FIRST GIVEN NAME Wieslaw	SECOND GIVEN NAME/INITIAL Mieczysław		
	INVENTOR'S SIGNATURE	Signature		Date:		
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US		
1	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US		
2	FULL NAME OF INVENTOR INVENTOR'S	FAMILY NAME AQUINO Signature	FIRST GIVEN NAME Chrisopher	SECOND GIVEN NAME/INITIAL Joseph Date:		
0	SIGNATURE RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENS	COUNTRY OF CITIZENSHIP	
2	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline	CITY Research Triangle Park		STATE & ZIP CODE/COUNTRY North Carolina 27709, US	

FIRST GIVEN NAME

STATE OR FOREIGN COUNTRY

Research Triangle Park

Neil

NC

CITY

		FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
,	FULL NAME	BOROS	Eric	Eugene
2	OF INVENTOR		Elic	Date:
	INVENTOR'S	Signature		Date:
	SIGNATURE	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
0	RESIDENCE & CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
7	ADDICESS	Five Moore Drive, PO Box 13398	Tresent on Transfer I at a	1.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0
-	CLUL MANC	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	FULL NAME OF INVENTOR	CHAUDER	Brian	Andrew
1 '	INVENTOR'S	Signature	21	Date:
	SIGNATURE	3.5		
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	CA
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
5	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	CHONG	Pek	Yoke
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	СІТУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	MY
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
6	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	DUAN	Maosheng	
1	INVENTOR'S	Signature		Date:
	SIGNATURE		r	
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham POST OFFICE ADDRESS	NC CITY	CN STATE & ZIP CODE/COUNTRY
_	POST OFFICE	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
7	ADDRESS		Kescarch Triangle Laik	North Carolina 27703, 03
		Five Moore Drive, PO Box 13398	CIPOT CHICALALA	SECOND GIVEN NAME/INITIAL
	FULL NAME	FAMILY NAME DEANDA, Jr.	FIRST GIVEN NAME Felix	SECOND GIVEN NAMED WITHAL
2	OF INVENTOR	Cianatura A A	renx	Date:
1 1	INVENTOR'S	Signature Deard J.		
	SIGNATURE PERIODENCE &	CITY DECREE	STATE OR FOREIGN COUNTRY	2/17/2014 COUNTRY OF CITIZENSHIP
0	RESIDENCE & CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
8	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
	1.551.655	Five Moore Drive, PO Box 13398	8	, i
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	KOBLE	Cecilia	Suarez
*	INVENTOR'S	Signature	1	Date:
	SIGNATURE			
	J. STORE ORLD	<u> </u>	STATE OR FOREIGN COUNTRY	
	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	RESIDENCE & CITIZENSHIP	CITY Durham	NC	VE
	I.	Durham POST OFFICE ADDRESS	NC city	VE STATE & ZIP CODE/COUNTRY
9	CITIZENSHIP	Durham	NC	VE
	CITIZENSHIP POST OFFICE	Durham POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	NC CITY Research Triangle Park	VE STATE & ZIP CODE/COUNTRY
	CITIZENSHIP POST OFFICE	Durham POST OFFICE ADDRESS GlaxoSmithKline	NC CITY Research Triangle Park FIRST GIVEN NAME	VE STATE & ZIP CODE/COUNTRY North Carolina 27709, US SECOND GIVEN NAME/INITIAL
	CITIZENSHIP POST OFFICE ADDRESS	Durham POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	NC CITY Research Triangle Park	VE STATE & ZIP CODE/COUNTRY North Carolina 27709, US
9	CITIZENSHIP POST OFFICE ADDRESS FULL NAME	Durham POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 FAMILY NAME	NC CITY Research Triangle Park FIRST GIVEN NAME	VE STATE & ZIP CODE/COUNTRY North Carolina 27709, US SECOND GIVEN NAME/INITIAL
9	CITIZENSHIP POST OFFICE ADDRESS FULL NAME OF INVENTOR	Durham POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 FAMILY NAME MCLEAN	NC CITY Research Triangle Park FIRST GIVEN NAME Ed	VE STATE & ZIP CODE/COUNTRY North Carolina 27709, US SECOND GIVEN NAME/INITIAL Williams Date:
9	CITIZENSHIP POST OFFICE ADDRESS FULL NAME OF INVENTOR INVENTOR'S	Durham POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 FAMILY NAME MCLEAN Signature CITY	NC CITY Research Triangle Park FIRST GIVEN NAME Ed STATE OR FOREIGN COUNTRY	VE STATE & ZIP CODE/COUNTRY North Carolina 27709, US SECOND GIVEN NAME/INITIAL Williams Date: COUNTRY OF CITIZENSHIP
2	CITIZENSHIP POST OFFICE ADDRESS FULL NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP	Durham POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 FAMILY NAME MCLEAN Signature CITY Durham	NC CITY Research Triangle Park FIRST GIVEN NAME Ed STATE OR FOREIGN COUNTRY NC	VE STATE & ZIP CODE/COUNTRY North Carolina 27709, US SECOND GIVEN NAME/INITIAL Williams Date: COUNTRY OF CITIZENSHIP US
2	CITIZENSHIP POST OFFICE ADDRESS FULL NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE	Durham POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 FAMILY NAME MCLEAN Signature CITY Durham POST OFFICE ADDRESS	NC CITY Research Triangle Park FIRST GIVEN NAME Ed STATE OR FOREIGN COUNTRY NC CITY	VE STATE & ZIP CODE/COUNTRY North Carolina 27709, US SECOND GIVEN NAME/INITIAL Williams Date: COUNTRY OF CITIZENSHIP US STATE & ZIP CODE/COUNTRY
2	CITIZENSHIP POST OFFICE ADDRESS FULL NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP	Durham POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 FAMILY NAME MCLEAN Signature CITY Durham	NC CITY Research Triangle Park FIRST GIVEN NAME Ed STATE OR FOREIGN COUNTRY NC	VE STATE & ZIP CODE/COUNTRY North Carolina 27709, US SECOND GIVEN NAME/INITIAL Williams Date: COUNTRY OF CITIZENSHIP US

2	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	PECKHAM	Jennifer	Poole
1				Date:
	INVENTOR'S	Signature		Date:
1	SIGNATURE			COUNTRY OF CITIZENSHIP
1 1	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	
	CITIZENSHIP	Durham	NC	US
1	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
1	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
1		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	PERKINS	Angilique	l C
1	INVENTOR'S	Signature		Date:
	SIGNATURE	•		•
	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
1 '	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS CITY		STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
2	ADDRESS		Research Friangic Fark	North Caronna 27707, 05
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	THOMPSON	James	Benjamin
	INVENTOR'S	Signature		Date:
	SIGNATURE		•	
1	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398	Š	,
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	VANDERWALL	Dana	
2		Signature	Dana	Date:
1	INVENTOR'S	Signature		
	SIGNATURE	CITY	CTATE OF POREICN COUNTRY	COUNTRY OF CITIZENSHIP
1	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	i i
	CITIZENSHIP	Durham	NC	US
1	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		

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